



15992 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	21311
First Inventor or Application Identifier	J.M. Dayno, et al
Title	COMBINATION THERAPY FOR THE TREATMENT OR PREVENTION OF MIGRAINE
Express Mail Label No.	EL989591685US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
2. <input checked="" type="checkbox"/> Specification [Total Pages 15]	a. <input type="checkbox"/> Computer Readable Form (CRF)				
3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets]	b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper				
4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 14 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).	c. <input type="checkbox"/> Statements verifying identity of above copies				
5. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	ACCOMPANYING APPLICATION PARTS				
	7. <input type="checkbox"/> Assignment papers (cover sheet & document(s))				
	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney				
	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations				
	10. <input checked="" type="checkbox"/> Preliminary Amendment				
	11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
	12. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed)				
	13. <input type="checkbox"/> Other: _____				
14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. ____ / ____ Prior application information: Examine: _____ Group/Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.					
15. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number Customer No. 000210					
NAME	Raynard Yuro				
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Signature	<i>Raynard Yuro</i>	Date	1/29/2004		

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EXPRESS MAIL CERTIFICATE

DATE OF DEPOSIT January 29, 2004
EXPRESS MAIL NO. EL989591685US

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE" ON THE ABOVE DATE IN AN ENVELOPE ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

MAILED BY *[Signature]* DATE January 29, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Deposit Acct. 13-2755
MERCK & CO., INC.
Our Case Docket No. 21311

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the patent application of Inventor(s):
Jeffrey Marc Dayno; Wim Vandenhouweele

For: COMBINATION THERAPY FOR THE TREATMENT OR PREVENTION OF MIGRAINE

For	Number Filed	Number Extra	Rate	Basic Fee \$770
Total Claims	20 - 20 =	0 X	\$18	= \$0
Independent Claims	3 - 3 =	0 X	\$86	= \$0
Multiple Dependent Claims*	0		\$290	=
* Add this fee if application contains any multiple dependent claims, regardless of number.		TOTAL FILING FEE →		\$770

Please charge my Deposit Account No. 13-2755 in the amount of \$ 770. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 13-2755. Duplicate copy of this sheet is enclosed.

☐ Under the provisions of 37 C.F.R. §1.53, this application is being filed without the declaration of each inventor.

Respectfully,

Raynard Yuro
By: Raynard Yuro
Attorney For Applicant(s)
Reg. No. 45,570
MERCK & CO., INC.
Patent Dept., RY60-30
P.O. Box 2000
Rahway, N.J. 07065-0907
(732) 594-0182
Date: January 29, 2004

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MAILED BY <u>Kore Schepers</u>	DATE <u>January 29, 2004</u>

IN DUPLICATE